

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="text-align: center;">09/80925/10</div>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3							53	
4							54	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL	8						TOTAL IND.	
TOTAL	56						TOTAL DEP.	
TOTAL CLAIMS	64						TOTAL CLAIMS	

1-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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